

Person Filing: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Day/Evening Phone: \_\_\_\_\_ / \_\_\_\_\_  
 Person Filing is: ☐ SELF (No Attorney) OR ☐ Attorney  
 If Attorney, Bar No.: \_\_\_\_\_ Atty. Phone: \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of \_\_\_\_\_

Case Number: \_\_\_\_\_

### CONSENT OF SPOUSE TO NAME CHANGE OF OTHER SPOUSE AND WAIVER OF NOTICE

Name of Applicant \_\_\_\_\_  
 (Person Requesting Name Change)

### REQUIRED INFORMATION FROM PARENT, UNDER OATH OR AFFIRMATION:

#### 1. INFORMATION ABOUT ME:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month
Date
Year

☐ I am married to the Applicant (the person requesting the name change).

#### 2. I have read the Application for Name Change and consent to changing my spouse's legal name to the new name of:

First	Middle	Last

#### 3. I waive notice of all further proceedings in this matter.

### OATH OR AFFIRMATION OF CONSENTING SPOUSE

The contents of this document are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn to or affirmed before me this date:

\_\_\_\_\_  
My Commission expires

\_\_\_\_\_  
Notary Public or Deputy Clerk